the axes usually correspond with changes in the adaptation of the eyes, it is improbable that the meeting of the axes beyond the most distant point of vision should coincide with an adaptation of the eyes for an object on this side the point. According to Hueck, this view will also explain the distinct formation of the image of distant objects on the retina after death; as also the far-sightedness induced by the action of hyoscyamus and of belladonna.—*Lond. Med. Gaz.*, May 1848, from *Baly and Kirke's Recent Advances in Physiology.*

MIDWIFERY.

45. *Disorders of the Nervous System during Pregnancy.*—Dr. Lever, in an interesting paper on this subject in the fifth volume of *Guy's Hospital Reports*, lays down the following propositions as the results of his observation:—

1. That pregnancy is occasionally associated with chorea, or convulsive movements; with paralysis of various parts of the body, of the extremities, and of the nerves of special sense; and with mania.

2. That the varying symptoms of such complications may be produced at any period of pregnancy; but when produced, although modified by treatment, are rarely removed during the existence of gravidity.

3. That the patients in whom these complications exist, are women of a highly nervous temperament, of great irritability, or whose constitutional powers have been reduced by some long-continued but serious cause of exhaustion.

4. That in the treatment of such cases, heroic measures are not to be employed; that the curative means consist in improving the secretions, keeping the bowels free, and administering those medicines, and employing that diet, which will increase the tone and energy of the nervous system.

Lastly, That although, in most instances, the symptoms will continue as long as pregnancy exists; yet in the majority of cases we are not justified in inducing a premature evacuation of the uterine contents.

46. *Inflammation and Abscesses of the Uterine Appendages, (Ovaries, Fallopian Tubes, and Cellular Tissue.)* By Dr. Henry Bennett.—During the last thirty years, the subject of pelvic abscess, considered generally, has been much studied by French pathologists—by Menière, Andral, Grisolle, Marchal (de Calvi,) &c. In our own country it has received comparatively little attention, if we except the valuable articles of Dr. Doherty and Dr. Churchill, in the *Dublin Medical Journal*, and the recent article of Dr. Lever, in "*Guy's Hospital Reports.*" By all these authors this disease is considered as all but characteristic of the puerperal state, and as very seldom occurring under other circumstances. This, the universal view of the profession with respect to the pathology of inflammation and abscess of the uterine appendages, the author considers is very far from being a true interpretation of the facts. In reality, the disease is not at all uncommon in the non-puerperal state, only it is not recognized, being confounded either with acute metritis, chronic metritis, iliac abscess, or some other pelvic lesion. The principal difference that exists between the puerperal and non-puerperal forms of inflammation is the following:—In the former, owing, probably, to the increased quantity of fibrin contained in the blood, there is a great tendency to inflammation. Hence, if the structures contained in the lateral ligaments are attacked with inflammation, the tendency of the latter to invade the peritoneal folds themselves, and the surrounding tissues, gives rise to the formation of large pelvic inflammatory tumours, abdominal adhesions, and perforations, often ending in death. In the non-puerperal state, on the contrary, inflammation of the uterine appendages seldom extends to the peritoneum, and the purulent formations nearly always escape, in a latent manner, by the rectum or vagina. In this form of inflammation of the organs contained within the folds of the lateral ligaments, the element most frequently attacked is the cellular tissue which separates the peritoneal folds, and surrounds the ovaries, round ligaments, and Fallopian tubes. It may be produced by any cause which exaggerates the vitality of the uterine system. The author has seen it occur frequently from ulcerative diseases of the cervix, or from a severe fall.

The inflammatory tumefaction to which it gives rise may be attended with sufficient swelling to be recognized by pressure over the abdominal parietes; but an accurate diagnosis can only be formed by examination per vaginam. It may terminate by resolution, but more generally by suppuration, and the discharge of pus by the rectum, vagina or bladder, or by perforation of the abdominal parietes. When this takes place, however, the disease is not brought to a close, but during a longer or shorter period the patient continues to discharge pus in a latent manner, and to suffer from the symptoms of chronic uterine or pelvic disease. After giving this description of the disease in question, the author briefly alludes to the treatment, which, he observes, must be merely that of phlegmonous inflammation, carried out in accordance with the laws of therapeutics. The length of the paper precluded him from illustrating his account by cases, although he had seen many of great interest. He detailed, however, the heads of one which he had attended during the last year.

In the acute stage of inflammation of the lateral ligaments, the treatment ought to be the same as that adopted in phlegmonous inflammation generally. Only the necessity of resorting to active antiphlogistic measures—bleeding, leeches, cathartics, mercurials, &c.—was even more urgent than in the ordinary forms of phlegmonous disease, owing to the disastrous consequences that generally follow suppuration in this region. In acute metritis, also, the disease with which inflammation of the lateral ligaments in the non-puerperal form is the most frequently confounded, there is infinitely less tendency to suppuration, and it is not, consequently, of such paramount importance to overcome the inflammation within the first few days of its manifestation. Hence the great importance of an accurate diagnosis. When once we are acquainted with the real nature of the disease, we know what to expect, and can act accordingly. What he relied on the most, however, was the repeated application of leeches, within short intervals, on the abdominal parietes, just over the seat of the inflammation. In the acute stages, unfortunately, leeches could not well be applied internally, owing to the extreme sensibility of the vagina, and uterine system generally, which precluded the use of instruments. In the chronic stage, however, it became possible to use specula, and thus apply them internally. When this could be done, their application was attended with the greatest benefit. In this period of the disease, vaginal injections were often of great use; it was necessary, also, to enforce complete rest, and such general treatment should be adopted as was most calculated to strengthen the patient, and to improve the state of the economy in general.—*Proceedings of Royal Med. Chirurg. Soc.*, Jan. 26, in *Lond. Med. Gaz.*, Feb. 1848.

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47. *Post-Puerperal Metritis.* By MM. Chomel and Willemin.—Under this term M. Chomel has been long in the habit of describing a form of metritis, which does not manifest itself shortly after labour, as is the case with ordinary metritis, but at a period varying from eight to thirty days; the principal cause of its production being the resumption of the occupations of life prematurely, before the uterus has regained its normal volume. This organ becomes, under the influence of the metritis, much re-enlarged, while the os uteri is sensitive to the touch, tumid, irregular, and often lacerated. The treatment consists in baths and cataplasms, and laxatives in slight cases, bleeding where the pain and general symptoms require it, and afterwards local resolvents or exutories for the lessening the enlarged uterus.

Dr. Willemin has furnished a very good essay upon this subject. He prefers the term *simple idiopathic puerperal metritis*, inasmuch as it occasionally presents itself at a much earlier period than is understood by the term *post-puerperal*; but it is always quite distinct from that form of metritis connected with pyogenic disease. According to the analysis given of ten cases, it is shown that symptoms occurring in some of these may be wanting in others. Thus there are (1) cases in which pain, fever, and anormal volume are present. In others (2) there are pain and increased size, but no general reaction. 3. Neither pain nor fever is present, but there is anormal volume, with sanguinolent lochia, and, in some cases, deep laceration of the os uteri. 4. The rarest form occurs when there is absence of fever and enlargement, while there are pain and sanguinolent lochia. Any of these forms may, and frequently do, become complicated with inflammation of the sur-

rounding cellular tissue of the pelvis, producing iliac phlegmon. The disease is generally, but not always, more acute in proportion as the time elapsed since the labour is short. The neck of the uterus is found to be changed in position, or not to have resumed its normal state; but the author has not observed the sensitiveness described by others. He is disposed to attach much importance to the deep *laceration* of this part observed in 4 out of 10 of his cases, and easily recognizable in one of them twenty days after labour. The sanguinolent character of the lochia is a symptom to be remarked, and when *iliac phlegmon* complicates the disease, it occurs usually on the right side only. Bleeding, linseed cataplasms, and emollient glysters relieve the acute symptoms; and local applications, with, above all things, rest, suffice for the subacute form. For the iliac phlegmon, M. Rayer employs with great advantage, first, a general bleeding and purgatives, and then a large flying blister. If fever persists, he repeats the bleeding, and covers the whole hypogastric region successively with blisters.—*Br. and Fr. Med. Chir. Rev.*, April 1848, from *Arch. Générales*, vols. xv. and xvi.

48. *Vomiting in Pregnancy.*—M. Trousseau, in one of his recent clinical lectures, took the opportunity of stating the great advantage he had seen accrue from the mode of treating obstinate and dangerous vomiting during pregnancy, adopted some years since by M. Bretonneau. It first occurred to that practitioner, owing to the fact of his patient suffering from violent uterine pain, for the relief of which, believing the vomiting to depend upon its presence, he ordered a *belladonna* lotion to be applied to the hypogastric region, and with the effect of removing both the pain and the vomiting. In subsequent cases the remedy proved as efficacious, although no pain was felt; and he explained its operation upon the supposition that the vomiting was then sympathetic of irritation of certain of the nerves of the ganglionic system only, produced by the enlargement of the uterus. However this may be, many others have adopted the practice with like success.—*Ibid.*, from *Gazette des Hôpitaux*, No. 1, 1848.

49. *Intro-uterine Peritonitis in the Fœtus.*—Dr. Simpson showed to the Edinburgh Obstetrical Society (Feb. 9th), the body of a new-born infant which had died a few days before birth of acute peritonitis, as evidenced by quantities of coagulable lymph effused upon various parts of the surface of the peritoneum, and more particularly on the surfaces of the spleen and liver. Dr. Simpson stated that, 1st. Acute and fatal peritonitis appeared to be a very common inflammatory disease in the fœtus in the latter months of utero-gestation. 2d. A large number of fœtuses dying in the seventh and eighth month of utero-gestation, presented, as he had found on dissection, well-marked anatomical evidence of it, in the presence of effusions of coagulable lymph, adhesions between the folds of intestines, pus, &c. 3d. The child was sometimes, though rarely, born alive, and affected with it. 4th. Far more commonly the child is born dead, and the previous history of the mother shows that it had perished from one to three weeks before its expulsion, its movements having ceased about that time. 5th. Before the child's movements entirely ceased, the mother very generally remarks that its movements are morbid and excessive for fifty or sixty hours previously—probably during the currency of the fatal disease. 6th. Peritonitis is occasionally apt to recur in successive children in the same mother, and seems in some a result and remnant of the syphilitic poison in the parents. 7th. But in most cases its occurrence is independent of syphilis, and occasionally it will not attack successive children in the same mother, or even both children in cases of twins. In an essay on the disease, published some years ago in the Edinburgh *Medical and Surgical Journal*, vol. i. p. 392, Dr. Simpson had described a case of twins, in which one was born living and healthy; the other was dead, and within the abdomen were found all the usual appearances following intra-uterine peritonitis. Whilst intra-uterine peritonitis was very common, intra-uterine pleuritis was very rare; Dr. Simpson had only seen two well-marked cases of it in the fœtus.—*Monthly Journ. and Retrosp. Med. Sci.*, May 1848.

50. *Case of Double Cephalhæmatoma.*—Prof. Simpson showed to the Edinburgh Obstetrical Society, a child two weeks old, with a well-marked, large, and defined

cephalhæmatomatous swelling on each parietal bone, with the hard rim well marked at different points. He had never seen it on both sides except in this case. In this, as in most other cases, the tumours had not been observed till the first washing of the child, having come on, or at least grown greatly for some hours after birth. The effused blood was already becoming absorbed, and, by leaving the case entirely to nature, a cure would soon be effected. The effusion was between the skull and pericranium. He had watched various cases during the process of a natural cure, and he several times found that a layer of bone is formed on the inner surface of the separated pericranium, which can sometimes be distinctly felt after a time to crackle under the finger like parchment,—and, as the fluid gets absorbed, the two plates of bone gradually approximate and come together. Dr. S. believed that such cases were often mistaken and mistreated, by too active measures being employed. He had now had an opportunity of seeing a number of cases of cephalhæmatoma, and had never seen any treatment required but time and patience. The difficulty in their management generally, consisted in keeping the friends and others from doing something or other to them, when nothing, in reality, was required.—*Ibid.*, April 1848.

51. *Maternal and Infantile Mortality in the Dublin Lying-in Hospital.* By Dr. Clay.—The Dublin Lying-in Hospital was founded by Dr. Moss in 1757; from that period down to 1847, it has been under the charge of fourteen different physicians, or masters, as they are termed, who generally have held this important and lucrative appointment for seven years each. The following table shows the number of women delivered during each mastership, and the proportion of mothers and of children lost under the charge of the different successive physicians of the hospital. The per-centages present, says Dr. Clay, "an almost undeviating uniformity," eighty or ninety years ago the mortality under the two first masters, Dr. Moss and Sir Fielding Ould, being nearly precisely the same as since 1833 under the two last masters, Dr. Kennedy and Dr. Johnson.

Table of the Maternal and Infantile Mortality of the Dublin Lying-in Hospital, under different Masters.

Name of Master.	Number of Deliveries.	Number of Mothers lost.	Number of Children lost.
Dr. Moss, . .	915	14; or 1 in 65	46; or 1 in 20
Sir F. Ould, .	3,800	49; or 1 in 77	197; or 1 in 19
Dr. Cullum, .	4,724	65; or 1 in 73	258; or 1 in 18
Dr. Jebb, . .	5,903	63; or 1 in 93	269; or 1 in 22
Dr. Rock, . .	7,088	54; or 1 in 131	411; or 1 in 17
Dr. Clarke, .	10,787	124; or 1 in 87	580; or 1 in 19
Dr. Evory, .	11,357	86; or 1 in 132	600; or 1 in 19
Dr. Kelly, .	14,790	163; or 1 in 90	974; or 1 in 15
Dr. Hopkins,	18,727	217; or 1 in 86	1063; or 1 in 17
Dr. Labatt, .	21,867	309; or 1 in 70	1535; or 1 in 14
Dr. Pentland,	12,885	198; or 1 in 65	827; or 1 in 15
Dr. Collins, .	16,391	158; or 1 in 103	1017; or 1 in 16
Dr. Kennedy,	13,167	224; or 1 in 58	651; or 1 in 20
Dr. Johnson, .	13,699	179; or 1 in 76	863; or 1 in 16
Total, . .	156,100	1903; or 1 in 81	9291; or 1 in 17

The 156,100 women delivered in the hospital have given birth to 82,267 boys, and 76,169 girls, or the proportion of male to female births has been as 12 to 11; twins occurred 2400 times, or in the proportion of 1 in 65 of the deliveries; there were 32 triplet cases, and 1 case of quadruplets.

In the Registrar-General's returns we have the proportion of maternal deaths in childbed in England and Wales published from 1839 to 1842. During these four years 2,024,774 women were delivered, and 11,598 of them died. Hence, the proportion of mothers dying in childbed during these years in England and

Wales, was 1 in every 174 deliveries. It is, however, to be recollected, that always and everywhere the results of private practice are more favourable than those of hospital practice.—*Ibid.*, May 1848, from *British Record of Obstetric Med.*, for April 1848.

ANÆSTHETIC AGENTS.

52. *Varieties of Anæsthesia, &c.*—M. Beau, Physician to the Hôtel-Dieu, has been engaged lately in pursuing some investigations into the history of anæsthesia or loss of sensibility. The following abstract conveys some of the chief results arrived at by that physician. He first points out that anæsthesia itself has two forms; one, where the feeling of contact, as well as that of pain, is wanting; the other, where the sensation of pain only is wanting, the contact of any body being felt. The first of these two varieties affects only portions of the body, and is very rare; the latter is much more frequent, less grave, and although it may pervade the entire surface, yet oftener is more marked in the extremities, and especially in the arm and forearm. The anæsthesia of pain, moreover, is sometimes not limited to the skin, but extends to the mucous membrane, particularly to such portions of it as are normally endowed with high sensibility, such as those covering the eye, the oose, pharynx, &c.

Each of these varieties is met with in cases of poisoning from lead, and either in company or separately. When the two are conjoined, the case is more severe and of longer duration; when there is only loss of pain, recovery will happen. under proper treatment, in six days; but when with this there is also anæsthesia of touch, it is not until twelve or fifteen days have elapsed that the patient regains his healthy condition. The return of sensibility is the more rapid the less the duration of the malady, and the younger the patient. In considering the return of sensation, it must be borne in mind that the patient, though insensible to pain artificially produced, is highly sensitive to what, as opposed to that, may be called constitutional pain, such as colic and gouty pain.

That anæsthesia exists in the Protean-like disorder, hysteria, is known by experience to all practitioners. One patient will be sensible only to temperature, or appreciate the dryness or humidity of bodies; another will feel only their form, and be insensible to pain: the latter is by no means uncommon.

Hypochondriasis is another malady, in which, from the abnormal state of the nervous system, pain is unfelt, although the contact of bodies is perceived by the sentient surface.

The anæsthesia in hysteria and hypochondriasis may be attributed to the simply disordered condition of the nervous centres, whilst that in lead poisoning is connected with the direct action of the noxious mineral upon the nerve matter.

Examples of the loss of sensibility are further seen in delirium after accidents and operations, where the wounded parts seem to be moved about with impunity of suffering; also in certain forms of insanity; and lastly, in persons who have wrought their minds to a pitch of enthusiasm. But it is only in the three first-mentioned disorders that the occurrence of anæsthesia presents any constancy or regularity.—*Lancet*, May 20, 1848.

53. *Physiological Action of Chloroform.*—M. Amussat (*Comptes Rendus*, 29th Nov! 1847), is of opinion that the insensibility or anæsthesia produced by the inhalation of ether, is due to an alteration in the qualities of the arterial blood, and that the degree of insensibility is in direct ratio to the extent of this alteration. In the details of the present series of experiments, he states that on immersing the beak of a pigeon in a vessel containing chloroform, the bird fell down in 55 seconds, and became insensible. On withdrawing the apparatus it speedily recovered, and in two minutes flew away. In another experiment, in which Simpson's apparatus was used, a pigeon became insensible in one minute, but was immediately restored on holding a flask of ammonia under its bill. On wrapping a cloth soaked in chloroform around a rabbit's mouth and nose, the animal became insensible in three minutes. In another similar experiment, insensibility was induced in